

Clinical Intake Interview

Child Name: _____

Interview Date: _____

Child's Age: _____ **years** _____ **months**

Interviewer: _____

Person(s) Interviewed and relationship to child:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Instructions to Interviewer: Before conducting the clinical interview, carefully review the Family Information Form and ratings from Visit 1. **Copy information from other sources onto this document and make any necessary clarifications, corrections, or additions (e.g., clarify referral source, persons living in the home, school placement).**

Referral Information:

Referral source (see Phone Screen):

Why seeking treatment/assessment at this time?

List major problems in daily life functioning/reasons for referral, in parents' own words/terms. These general problems will be operationalized as specific behavioral targets/objectives later in the interview. These are **not** necessarily **symptoms** of ADHD but are the behaviors for which the child is being referred and on which treatment will focus (e.g., school failure, lack of friends, poor relationships with parents).

-Home

-School

-With peers

-Other (describe)

History of Problems

When did you first notice problems at home?

When did teachers first see problems at school?

When did you first see problems with peer relationships?

When did you first see problems in other areas?

Has the child been diagnosed with ADHD?

When was the child first diagnosed, and by whom?

Personal and Social Information

1. Who lives in the home?:
 - a. Who are the primary caretakers?
 - b. Who are the primary disciplinarians?

c. What are the interactions like between the child and other adults in the home? Include stepparents, grandparents, adult siblings, other relatives, fiancés, etc.

d. What are the responsibilities of the other adults in the home for the child?

School Information

1. Current placement of child in school (see Family Information Form, Telephone Screen, TRF and Academic Classification)

School:

District:

Grade:

children in class:

teachers/aides:

Nature of class placement, Circle one:

Regular

Regular + Resource (describe below)

Inclusion,

15:1:1, 6:1:1,

Other (describe below)

If not a regular classroom, describe how placement occurred:

Does the child have a current IEP or 504 plan? (**Get copy for folder of any 504/IEP including IEPs for speech, etc.**)

Current grades (List by subject):

2. Academic history

Previous grades (List by major subject areas):

Has the child ever been retained, expelled or suspended?

Describe (number of times, grade, and circumstances):

Has the child been in special placement in the past?

Nature of class placement, Circle one:

Regular + Resource (describe below)

Inclusion,

15:1:1, 6:1:1,

Other (describe below)

When and how did this placement occur, and how long was the child in this placement?

3. Intelligence and Achievement Testing

Has your child ever been tested for intelligence, achievement, or learning problems?

If so, when and where was the most recent test administered?

What was the purpose of the assessment and what were the results (e.g. for special education placement)?

4. Current teacher/school report
List problems noted on teacher rating scales.

Other than what we've already discussed above, has a teacher, principal, counselor, etc. complained to parents of, or noted a need for improvement in child's behavior or academic performance?

Other than what we've already discussed above, what additional issues have been discussed at recent parent/teacher conferences or meetings?

Parent Report of teacher/school assets and liabilities (e.g. cooperative versus resistant):

- a. How cooperative has the current teacher been in helping the parent with their child's needs in the classroom?
- b. How cooperative has the principal/other administrator been in helping the parent with their child's needs in the classroom?
- c. How would you describe your relationship with the teacher (e.g. cooperative versus oppositional)?
- d. How would you describe your relationship with the school administration (e.g. cooperative versus oppositional)?

e. How often do the parents and teacher/administration communicate:

By note: _____ By phone: _____ Face-to-face? _____

Reason for communication (e.g. especially good day, problem in the classroom):

Previous Treatment

Psychoactive medication

Psychosocial treatment

Classroom interventions

School psychologist/counselor:

Other:

Current Treatment

Psychoactive medication

Do parents have concerns about using medication?

Psychosocial treatment

Do parents have any concerns about psychosocial treatments?

Classroom interventions

School psychologist/counselor:

Other:

Patient/Family Strengths: "We've been focusing on areas of concern about your child. Now I would like you to describe some of the positive things about your child and family."